Regulatory	Monitoring	Intervention	
Requirement			
Prenatal HIV Counseling	Annual IPRO Review	IPRO Review Results	
Regulated parties must provide prenatal HIV counseling with a clinical recommendation for HIV testing.	Select prenatal providers are annually reviewed by IPRO for the indicator "HIV Counseling and Testing: Pregnant Women with Unknown HIV Status". The result of this review, along with Department's observations about the provider's performance, and plans for intervention, if any, are reported to representatives of the facility's administrative and medical staff.  NOTE: In 2001, IPRO reviews conducted at 100 prenatal care sites around the state, revealed an average pre-test counseling rate of 98% and an average prenatal HIV testing rate of 96%.	When a facility fails to demonstrate compliance with the Prenatal HIV Counseling requirement, Department intervention includes:  • requesting, reviewing and providing feedback on "rapid quality improvement plan" submitted by facility;  • if requested, reviewing relevant policies, procedures, quality plans and practices;  • conducting on-site technical assistance visits;  • requesting a written plan of correction, and then, if the facility fails to achieve compliance,  • issuing a Statement of Deficiency (SOD). Please note: a SOD is only issued when attempts at technical assistance have failed to bring about compliance and a site visit by the AIDS Institute confirms non-compliance.	
Expedited HIV Testing	Newborn Specimen Data	Data Review	
Since August 1999, birth facilities must screen all women admitted for delivery for documented negative HIV test results from prenatal care, or for documentation that the woman is known to be HIV-positive. Women who do not have an HIV test result from the current pregnancy at the time of admission for delivery are to be counseled and offered an expedited HIV test. If the mother declines, or if there is no time to perform testing on the mother, the infant is tested immediately after birth, without consent. Preliminary HIV test results must be returned as soon as possible, but no later than 48	Maternal-Newborn test history data are submitted by all birth facilities to the Wadsworth Center on the Newborn Screening Blood Collection Form (DOH 1514). The Wadsworth Center forwards this information to the AIDS Institute weekly for review. On a regular basis, the AIDS Institute receives, reviews and reports aggregate data to all birth facilities. Of special concern in reviewing data are:  • failures to identify maternal HIV infection, resulting in a missed opportunity to provide therapy to reduce the risk of HIV transmission to the infant;	Data are collected from the Newborn Blood Collection Form (DOH 1514) which is submitted by the birth facility or birth attendant. Weekly reviews are conducted by the AIDS Institute and periodic reports are forwarded to birth facilities. When non-compliance or other problems in implementing the expedited testing requirement are identified, Department interventions may include:  • providing technical assistance by telephone; • requesting, reviewing and offering feedback on rapid quality improvement plans submitted by the	

hours after	the	specimen	1S
collected.			

All preliminary positive HIV test results must be reported to the Department using form DOH-4159.

- instances when expedited testing was indicated but not done;
- birth facilities that perform a disproportionate number of expedited tests on infants as compared to mothers.
- facility.
- if requested, reviewing and providing feedback on policies and procedures;
- scheduling an on site technical assistance visit.

Failure to identify an HIV positive birth or continued non-compliance will result in:

- requesting a written plan of correction, and/or
- issuing a Statement of Deficiency (SOD).

  Please note: a SOD will be issued when a site visit by the AIDS

  Institute confirms a failure to identify an HIV positive birth or when attempts at technical assistance have failed to bring about compliance.